



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF PROFESSIONAL LAND SURVEYORS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR REGISTRATION AS A SURVEYOR INTERN INSTRUCTION SHEET

When to Apply for Intern Registration

Before you can apply as a Delaware Surveyor Intern, you must have acquired a combination of education and/or experience under the direct supervision of a licensed professional land surveyor.

The amount of experience you need depends on your education level *and* the amount of combined office and field experience obtained. Use the table below to determine the amount of *pre-internship experience* required to apply as a Delaware Surveyor Intern.

IF you are applying on the basis of:	THEN you need ...
College senior or graduate of four-year surveying program	None.
Graduate of a four-year related program	2 years
Graduate of a two-year surveying program	2 years
Experience only	5 ½ years

- The experience cannot be concurrent with your education.
- Experience you gain under the supervision of a Maryland-licensed property line surveyor is equivalent to experience gained under the supervision of a Delaware-licensed land surveyor ([24 Del. C. §2708\(a\)\(1\)c.](#)).
- If your experience is gained under supervision of land surveyors in any state other than Delaware, the Board must determine whether it is equivalent. If determined to be equivalent, it will count.

Requirements for All Intern Applicants

Use this application to register as a Surveyor Intern. Auxiliary forms you may need are also included with the application.

- ☐ Submit completed, signed and notarized [Application for Registration as a Surveyor Intern](#).
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware"
- ☐ If you are applying on the basis of your education as explained above, arrange for the Board office to receive an official transcript, sent *directly* from the college or university, showing your degree and date it was conferred.
- ☐ If you have already taken and passed the [National Council of Examiners for Engineering and Surveying](#) (NCEES) *Fundamentals of Surveying* examination, arrange for the Board office to receive proof of your passing score sent directly to the Board office from NCEES.
- ☐ If you currently hold, or have *ever* held, a license to practice land surveying – including an Intern registration in any other jurisdiction (state, U.S. territory or District of Columbia) – arrange for the Board office to receive verification of licensure or registration from *each* jurisdiction, sent directly from each jurisdiction to the Board office.
- ☐ Arrange for *each* actively practicing Land Surveyor who will supervise your internship to complete, sign and submit the *Statement of Supervising Land Surveyor-Internship* form.

- ☐ If you are applying on the basis of 5 ½ years experience under the direct supervision of an actively practicing professional land surveyor, arrange for the Board office to receive proof of your Level IV Survey Technician Certification as established by NSPS or similar certification as approved by the Board.
- ☐ Arrange for your supervising Land Surveyor(s) to complete and send a [Verification of Land Surveying Experience](#) form(s) *directly* to the Board office. The form(s) must document that you have the required pre-internship experience as shown in the table above:
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

During the Internship

During the entire internship period, Surveyor Interns must practice under the supervision of a licensed Professional Land Surveyor who is actively practicing. If the supervisory relationship ends, both intern and supervisor are responsible for reporting the change to the Board office within 30 days.

At the conclusion of the period of supervision, each supervisor should complete and submit a [Verification of Land Surveying Experience](#) form(s) *directly* to the Board office.

The *Log of Intern Experience* is provided to assist both intern and supervisor in maintaining records of your intern hours. You will be asked to provide this information later on when you apply for Delaware licensure as a Land Surveyor.



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APPLICATION FOR REGISTRATION AS A SURVEYOR INTERN

TYPE OF APPLICATION

1. Select the item that describes the basis for your application:

- ☐ I graduated from a **four-year** (or longer) surveying program. I understand that the Board will determine whether this program is acceptable.
- ☐ I am a college senior in a **four-year** (or longer) surveying program. I understand that the Board will determine whether this program is acceptable.
- ☐ I graduated from a **four-year** (or longer) program in a discipline related to surveying. I understand that the Board will determine whether this program is acceptable. I have **also** completed at least **two years** combined office and field experience in responsible charge of land surveying projects under direct supervision of an actively practicing professional land surveyor.
- ☐ I am a graduate of a **two-year** surveying program, which is subject to approval by the Board. I have **also** completed at least **two years** combined office and field experience in responsible charge of land surveying projects under direct supervision of an actively practicing professional land surveyor, and my experience was *not* concurrent with my education.
- ☐ I have a Level IV Survey Technician Certification or similar certification as approved by the Board. I have **also** completed at least 5 ½ years experience under the direct supervision of an actively practicing professional land surveyor.

Submit proof of your Level IV Survey Technician Certification or similar certification.

IDENTIFYING AND CONTACT INFORMATION

2. Name: _____
Last First Middle
3. Other Names Used: _____
Include maiden, former married and alternate spellings
4. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
5. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Mailing Address: _____
Street

City State Zip Code
7. Phone: _____ Email: _____

EDUCATION – Complete this section if you are applying on the basis of your education. If you are applying on the basis of 5 ½ years of experience, skip to the EXAMINATION section.

8. Enter the following information about your education.

COLLEGE OR UNIVERSITY	ATTENDANCE DATES		DEGREE EARNED
	From	To	

Arrange for the Board office to receive an official transcript, sent *directly* from the college or university, showing your degree and date it was conferred.

EXAMINATION – All applicants complete this section.

9. Have you passed the National Council of Examiners for Engineering and Surveying *Fundamentals of Surveying* examination? Yes ☐ No ☐ **If yes, arrange for the Board office to receive proof of your passing score, sent directly to the Board office from NCEES.**

LICENSURE HISTORY – All applicants complete this section.

10. Have you *ever* held a Professional Land Surveyor license, including an Intern registration, in another jurisdiction (state, U.S. territory or District of Columbia)? Yes ☐ No ☐ If yes, enter the following information about *each* license/registration you have held:

JURISDICTION	LICENSE/REGISTRATION NUMBER	DATE ISSUED	EXPIRATION DATE

Arrange for the Board office to receive verification of licensure/registration and exam scores from *each* jurisdiction listed above, sent directly from the jurisdiction to the Board office.

PRE-INTERNSHIP EXPERIENCE - If you are applying on the basis of a four-year surveying degree, skip to the SUPERVISION DURING INTERNSHIP section.

11. Enter the names of ***each*** actively practicing Land Surveyors who supervised your pre-internship experience:

Arrange for each supervisor listed to complete and sign a *Verification of Land Surveying Experience* form and submit it *directly* to the Board office.

SUPERVISION DURING INTERNSHIP – All applicants complete this section.

12. Enter the name(s) of ***each*** actively practicing Land Surveyor who will supervise your internship:

Arrange for each supervisor listed to complete and sign a *Statement of Supervising Land Surveyor-Internship* form and submit it *directly* to the Board office.

DISCLOSURES – All applicants complete this section.

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, enclose a detailed explanation. Also, submit a certified copy of your criminal history record.**
14. Are criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, enclose a detailed explanation. Also, enclose any relevant documents.**
15. Have you been the subject of any administrative penalties regarding your practice of land surveying such as a fine, formal reprimand, suspension, revocation, probation or voluntary license surrender? Yes ☐ No ☐ **If yes, enclose a detailed explanation and copies of all appropriate records.**
16. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, enclose a detailed explanation and copies of all appropriate records.**
17. Do you have any impairment related to drugs or alcohol that would limit your practice of land surveying? Yes ☐ No ☐ **If yes, enclose a detailed explanation and copies of all appropriate records.**

If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's next meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six months of filing may be considered abandoned and discarded.

Please note: When your application is approved, please allow 4-8 weeks to receive your license.

AFFIDAVIT

The undersigned, being sworn, deposes and says that he or she is applying for registration as a professional surveyor intern under the terms of Title 24 *Delaware Code*, Chapter 27; that he or she is the person who executed this application; that all statements and answers herein are truthful; that he or she has not suppressed any information that might affect this application; and that he or she has read and understands this affidavit and the fact that fraud or misrepresentation are grounds for denial or subsequent revocation of a license.

Applicant Signature: _____ **Date:** _____

State of _____, County of _____

Sworn and subscribed before me this _____ day of _____ 2 _____.

Notary Public Signature: _____

SEAL

My Commission Expires: _____

APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



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STATEMENT OF SUPERVISING LAND SURVEYOR - INTERNSHIP

Intern applicants must arrange for **each** actively practicing Land Surveyor who will supervise their internship to complete and mail this form *directly* to the Board of Professional Land Surveyors at the address above. You may copy this form. Additional forms are available at www.dpr.delaware.gov.

1. Applicant Name: _____
Last First Middle
2. Supervising Land Surveyor: _____
Last First Middle
3. Do you hold a Delaware Land Surveyor license? Yes ☐ No ☐ If yes, enter DE License No: **S6** - _____
If no, provide verification of licensure directly from each jurisdiction where you are licensed, sent directly to the Board office.
4. Business Name: _____
5. Business Address: _____
City State Zip
6. Phone: _____ Email: _____
7. Does the business named have a valid Delaware Certificate of Authorization? Yes ☐ No ☐ If yes, enter DE Certificate Number: **S8** - _____
8. Are you actively practicing land surveying? Yes ☐ No ☐
9. Do you agree to provide total, direct supervision of the Intern applicant's experience *in responsible charge of land surveying projects* as required by 24 Del. C. § 2708 (a)(1) b.? Yes ☐ No ☐
10. Do you agree to notify the Board of Professional Land Surveyors within 30 days if your supervision of the Intern applicant ends? Yes ☐ No ☐
11. Do you agree to complete and submit a *Verification of Land Surveying Experience* form and submit it directly to the Board of Professional Land Surveyors at the address above at the end of your supervision of the Intern or at the end of the internship period, whichever is earlier? Yes ☐ No ☐

AFFIDAVIT

The undersigned, being sworn, deposes and says that he or she is the person who executed this affidavit; that all statements and answers are truthful; that he or she has not suppressed any information that might affect this application.

Signature of Supervising Land Surveyor: _____ Date: _____

State of _____, County of _____

Sworn and subscribed before me this _____ day of _____ 2_____.

Notary Public Signature: _____

SEAL

My Commission Expires: _____



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VERIFICATION OF LAND SURVEYING EXPERIENCE

Applicants for registration as a Surveyor Intern or Professional Land Surveyor licensure to practice land surveying in Delaware must submit proof that they have acquired required pre-internship or internship experience under the total direct supervision of a licensed, actively practicing professional land surveyor. This form is not required if applying on the basis of reciprocity. Each supervising land surveyor completes, signs and submits this form **directly** to the Delaware Board office at the address above.

1. Applicant Name: _____
Last First Middle
2. Supervising Land Surveyor: _____
Last First Middle
3. Business Name: _____
4. Business Address: _____
City State Zip
5. Phone: _____ Email: _____
6. Enter the following information about **each** period during which the applicant worked under your direct supervision.

JURISDICTION WHERE SUPERVISED WORK TOOK PLACE	DATES SUPERVISED		YOUR TITLE DURING THIS PERIOD	YOUR LICENSE NUMBER	TYPE OF LICENSE	DATE LICENSE ISSUED
	Start (month/year)	End (month/year)				

7. Complete the following table to show the breakdown of the applicant's field and office surveying experience while under your direct supervision during the periods in Question 6.

TYPE OF EXPERIENCE	FIELD (IN MONTHS)	OFFICE (IN MONTHS)
Not in responsible charge		
In responsible charge of boundary and retracement surveys		
In responsible charge of all surveys excluding boundary and retracement surveys		
TOTAL MONTHS OF EXPERIENCE		

The total months of field and office experience must equal the total months in the supervisory periods you entered in Question 6.

8. Complete this table to show whether or not the applicant has demonstrated satisfactory experience in responsible charge, under your direct supervision, of each area.

AREA OF EXPERIENCE	HAS THE APPLICANT DEMONSTRATED SATISFACTORY EXPERIENCE IN RESPONSIBLE CHARGE OF THIS AREA?
FIELD EXPERIENCE	
Horizontal and Vertical Control Surveys	Yes <input type="checkbox"/> No <input type="checkbox"/>
Boundary and Retracement Surveys	Yes <input type="checkbox"/> No <input type="checkbox"/>
Geodetic Work	Yes <input type="checkbox"/> No <input type="checkbox"/>
Topographic Surveys	Yes <input type="checkbox"/> No <input type="checkbox"/>
Highway Construction Surveys	Yes <input type="checkbox"/> No <input type="checkbox"/>
Subdivision Construction Layout	Yes <input type="checkbox"/> No <input type="checkbox"/>
OFFICE EXPERIENCE	
Record Research	Yes <input type="checkbox"/> No <input type="checkbox"/>
Note Reduction	Yes <input type="checkbox"/> No <input type="checkbox"/>
Subdivision Design	Yes <input type="checkbox"/> No <input type="checkbox"/>
Plotting and Drafting	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property Descriptions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stormwater Design	Yes <input type="checkbox"/> No <input type="checkbox"/>
Boundary and Retracement Computations	Yes <input type="checkbox"/> No <input type="checkbox"/>

I certify that the information I have provided is accurate and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Affix your embossed state seal of Professional Land Surveyor below:

SEAL

LOG OF INTERN EXPERIENCE

The *Log of Intern Experience* is provided to help you maintain records of your intern hours. You will be asked to provide this information later on when you apply for licensure.

Combined office and field experience is defined as being multi-faceted experience in responsible charge of land surveying projects, performed under the direct supervision of a professional land surveyor in the active practice of land surveying. The office aspect of this experience must include the technology relevant to civil drafting, mathematical calculations necessary for subdivision, boundary and right-of-way determinations, road, stormwater, sediment and erosion control, and sewer design as well as the interpolation of field-run topographical data and the like. Office experience should also include applied familiarity with land development submittal and approval processes.

Field experience must include time spent on site in responsible charge of inspection, evaluation, and gathering of relevant survey information. On-site supervision of and responsibility for field crew personnel while in communication and coordination with a professional land surveyor and office staff shall qualify as field experience.

APPRENTICESHIP LOG

**Use this log to record apprenticeship hours completed.
You may record the hours on a daily, weekly or monthly basis.**

FROM THIS DATE (month/day/year)	TO THIS DATE (month/day/year)	TOTAL HOURS WORKED	Supervisor Signature	Apprentice Signature

